DCF-3035
03/2014 (New)

State of Connecticut
Department of Children and Families

CONSIDERED REMOVAL
CHILD AND FAMILY TEAM MEETING AGENDA

MEETING DATE: ____/____/____

FACILITATOR*:*
FAMILY NAME: **LINK CASE NUMBER:**
SOCIAL WOKER: **SUPERVISOR:**

SITUATION THAT PROMPTED REMOVAL DISCUSSION

CHILD DISCUSSED	DOB	Mother	Father	Guardian

MEETING RESULTS

ACTION STEPS

Who	What	By When

PARTICIPANT SIGNATURES (*Signature does not imply agreement***)**

Name	Date